



January 2010 Newsletter

Cari Coomer

2010 Chicago APIC President

www.apicchicago.org

President's Update

Happy New Year (New Decade) to all! I would like to start this, my very first newsletter...ever, to thank last year's Chicago APIC Board for all of their hard work and to welcome the new Board members who will be serving you this year. Since the December meeting, we have had one change to the elected membership of the Board of Directors. Chair of the Education Committee, Mary Kay Kacmarek, has resigned her position and the remaining officers and directors appointed Chris Silkaitis to the position. Please help the Board to welcome her to this new position!

Other appointments include Anna Marie Ogle as the Chair of the HAI Plan Committee, Legislative Representative, Mary Alice Lavin, and Long Term Care Representative, Deb Burdsall. Carol Schultz will be working closely with the board and with the Education Committee to assist in the acquisition of CEU's for APIC Chicago education events and will be the vendor liaison in planning for the October 2010 APIC Chicago all-day education event.

I hope we provide you with an interesting and exciting year!

Education Committee Update

The next education event is March 5th, Long Term Care education conference at Lutheran Home, Arlington Heights. The flyer/registration for this event will be coming soon. For the schedule of the other events, please visit www.apicchicago.org.

HAI Plan Committee Update

This subcommittee will continue to work in liaison with IDPH on the HAI Prevention Advisory Council. This council will represent and assist our membership for the next two years with continued mandates for reporting HAI's. The next mandatory reportable will include SSI for two surgical procedures (CABG and TKA). A series of ½ day SSI workshops will be provided in order to assist us with the reporting through NHSN. These sessions are scheduled for February 5th at MCHC, February 12th at Elmhurst Memorial Center for Health, and March 5th at (new) Sherman Hospital. There will be no charge (use of the grant money from the American Recovery and Reinvestment Act of 2009) and should be attended by the NHSN administrators and Infection Preventionists at your facility. More information coming VERY soon!

Do you want to get involved? IDPH and the HAI Coordinator, Lauren Gallagher, are currently developing of 4 additional workgroups. These workgroups will have an impact on the next stages of public reporting!

1. MDRO Surveillance Workgroup – will explore making all or some of the specific emerging multidrug-resistant gram negative organisms of epidemiologic importance reportable in the State of Illinois
2. Outbreak/Breaches of IC Practices Workgroup – will establish outbreak reporting requirements, explore methods to electronically achieve notification of HAI outbreaks, and explore developing a separate module for reporting HAI clusters within the current reporting systems
3. IC Program Workgroup – will explore developing legislation to mandate use of qualified electronic surveillance systems and develop minimum Infection Preventionist staffing levels for hospitals
4. Long Term Care Workgroup – will assist in developing a statewide needs assessment and profile, will establish educational standards for LTC and LTACH healthcare workers, will develop standardized education tools, will implement the educational sessions, and will explore the current and future collaboratives between local health departments and LTCF, LTACHs and hospitals

If interested, please contact Brandi Jordan at IDPH at 312-814-2565 or brandi.jordan@illinois.gov and let her know which group you would like to participate in.

Legislative Update

The Legislative Affairs Subcommittee will convene again to discuss the status of the MRSA Screening and Reporting Act. If you are interested in working on this initiative or sharing your organizations data, please contact Mary Alice Lavin at 312-942-3056 or mary_alice_lavin@rush.edu.

News from National APIC

- Washington, December 8, 2009 – The Association for Professionals in Infection Control and Epidemiology (APIC) today announced that their membership now exceeds 13,000, an indication of the growing emphasis on infection prevention and control in healthcare institutions throughout the globe. With members in 41 countries, APIC is the largest infection prevention association in the world, educating infection preventionists, epidemiologists and other healthcare professionals in a wide variety of settings including hospitals, long-term care facilities and ambulatory care centers.
- By a very narrow margin, the APIC membership did not approve the amendment to *Article I, Name and Seal* which would have changed the name of the association. The majority of APIC members who voted were in favor of the name change; however, the two-thirds majority required to change the name was not achieved – failing approval by less than one percent. The name of the association will remain the Association for Professionals in Infection Control and Epidemiology, Inc.
- APIC has not increased the fees for the national conference scheduled July 11-15, 2010 in New Orleans, Louisiana. As the conference location of NOLA dictates, APIC encourages attendance for Networking, Optimizing, Learning, and Advocating – to learn more visit www.apic.org.
- The Fifth Decennial Conference is scheduled for March 18-22, 2010 in Atlanta, Georgia. To find out more about the program visit <http://www.decennial2010.com/>.

- Did you get your latest Elimination Guide in the mail from APIC? The most recent guide provides tools for evaluating Catheter-Related Bloodstream Infections (CRBSIs). CRBSIs affect an estimated 250,000 Americans and cost the US healthcare system billions of dollars each year. The high incidence, morbidity, and cost attributed to CRBSIs -- combined with new and stringent requirements from The Joint Commission and CMS -- require a comprehensive plan for the prevention of this infection. This guide provides step-by-step guidance to facilitate the bedside implementation of relevant clinical evidence and best practices for eliminating Catheter-Related Bloodstream Infections 3 (CRBSIs). Visit the APIC website for all of the elimination guides.
- APIC's 2010 Webinar Series Begins - APIC expects to offer more than 25 webinars this year, providing members with **FREE** access to the most current, practice-based information. To learn more visit www.apic.org.

APIC Chicago 2010 Board of Directors:

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Other resources:

Joint Commission Resources (JCR) 2010 Infection Control Accreditation Standards and Survey Process Update is now available as an on-demand seminar. Barbara Moore Soule, RN, MPA, CIC, a Consultant and Practice Leader in Infection Prevention and Control for JCR, guides you through the 2010 Infection Control standards in the comfort and convenience of your own office. To purchase, call Customer Service at 877-223-6866 and tell them you're interested in **Product Code EDUVA1003**

The attached letter was sent to President Obama regarding the H1N1 Guidance for Healthcare Workers and Issue Moratorium on OSHA Enforcement (re. N-95 masks).



FOR IMMEDIATE RELEASE:
November 6, 2009

CONTACT: Sharon Reis
(202) 745-5103

***LEADING SCIENTIFIC ORGANIZATIONS URGE WHITE HOUSE
TO MODIFY 2009 H1N1 GUIDANCE FOR HEALTHCARE WORKERS AND
ISSUE MORATORIUM ON OSHA ENFORCEMENT
Infectious Diseases Prevention Experts Say Current Guidelines
Are Not Supported By Science; Could Have
Dangerous Consequences for Patients and Healthcare Workers***

(Arlington, VA)--Three leading scientific organizations specializing in infectious diseases prevention issued a letter to President Obama today expressing their significant concern with current federal guidance concerning the use of personal protective equipment (PPE) by healthcare workers in treating suspected or confirmed cases of 2009 H1N1 influenza. The Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America (IDSA) and the Association for Professionals in Infection Control and Epidemiology (APIC) urged the administration to modify the guidance and issue an immediate moratorium on Occupational Safety and Health Administration's (OSHA) enforcement of the current requirements.

Federal PPE guidance and requirements issued recently by the Centers for Disease Control and Prevention (CDC) and OSHA include the use of fit-tested N95 respirators by healthcare workers rather than the use of standard surgical masks. According to these organizations--representing scientists, infectious disease specialists and healthcare professionals dedicated to healthcare quality, safety and infection control--this guidance does not reflect the best available scientific evidence. Their letter to the White House cited two recent studies demonstrating that the use of N95 respirators does not offer additional protection over that provided by the use of surgical masks.

Mark Rupp, MD, president of SHEA called the current requirements "deeply flawed" and expressed his concern over the "potential for considerable untoward consequences" that could result from the guidance. Among the consequences, Rupp cited significant confusion among healthcare professionals and administrators and the potential for further limiting the availability of the already scarce respirators in situations where they are truly warranted.

"During a time of a national emergency, healthcare professionals need clear, practical and evidence-based guidance from the government," said Richard Whitley MD, president of IDSA. "The current guidance is not supported by the best-available science and only serves to create skepticism toward federal public and occupational health decision-making."

"The supply of N95 respirators is rapidly being depleted in our healthcare facilities," said APIC 2009 President Christine Nutty, RN, MSN, CIC. "We are concerned that there won't be an adequate supply to protect healthcare workers when TB patients enter the healthcare system."

The organizations have provided input to federal agencies including the CDC regarding the handling of 2009 H1N1 influenza in the past and say they stand ready to continue to lend their knowledge and expertise as the pandemic advances.

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The Society for Healthcare Epidemiology of America (SHEA) was founded in 1980 to advance the application of the science of healthcare epidemiology. SHEA comprises 1,700 physicians, infection control practitioners, and other healthcare professionals who are dedicated to maintaining the utmost quality of patient care and healthcare worker safety in all healthcare settings. The Society continually strives toward better patient outcomes by applying epidemiologic principles and prevention strategies to healthcare-associated infections and a wide range of quality-of-care issues. SHEA achieves its mission through education, research, evidence-based guidance development, and public policy.

The Infectious Diseases Society of America (IDSA) represents more than 9,000 infectious diseases physicians and scientists devoted to patient care, education, research, and public health. Our members care for patients with serious infections, including antimicrobial resistant bacterial infections, meningitis, pneumonia, surgical infections, HIV/AIDS, tuberculosis, and influenza.

Association for Professionals in Infection Control and Epidemiology (APIC) APIC's mission is to improve health and patient safety by reducing risks of infection and other adverse outcomes. The Association's more than 12,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities around the globe. APIC strives to promote a culture within healthcare where targeting zero healthcare-associated infections is fully embraced. The organization advances its mission through education, research, collaboration, practice guidance, public policy and credentialing.